

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>TOMY B. GASKINS</u>		COURT CASE NUMBER <u>05-1235P-GAO</u>
DEFENDANT <u>SUSAN J. MARTIN / UMMS (GR. HEALTH SERVICE)</u>		TYPE OF PROCESS <u>CIVIL ACTION</u>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>SUSAN J. MARTIN, DIRECTOR OF HEALTH SERVICE DIVISION</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>12 ADMINISTRATION RD., BRIDGEWATER, N.J. 02324</u>	
AT		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> <u>TOMY B. GASKINS</u> <u>NICI-LEONAR JUNCTION</u> <u>PO. BOX 100</u> <u>BRIDGEWATER, MA. 02071</u>		Number of process to be served with this Form - 285 <u>1</u>
		Number of parties to be served in this case <u>84</u>
		Check for service on U.S.A. <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Nancy Salameh</u>	Date <u>5/23/05</u>
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Peter Heffernan Dep. Director

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

7:00 am
pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

UNITED STATES DISTRICT COURT

FOR THE

District of

MASSACHUSETTS

TONY B. GASKINS,
Plaintiff

SUMMONS IN A CIVIL CASE

V.

U MASS. CORRECTIONAL
HEALTH SERVICES, ET AL.,
Defendants

CASE

C.A. 05-10858-GAO

TO: (Name and address of Defendant)

SUSAN J. MARTIN, DIRECTOR OF HEALTH SERVICE DIVISION,
12 ADMINISTRATION ROAD, P.O. BOX 426, BRIDGEWATER, MA. 02324

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

TONY B. GASKINS, Pro Se
MCT-CEDAR JUNCTION
P.O. BOX 105
S. WALPOLE, MA, 02071

* or answer as otherwise required by the Federal Rules of Civil Procedure.

an answer to the complaint which is herewith served upon you, 20* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH ALLISON THORNTON

CLERK

(By) DEPUTY CLERK

5/11/05

DATE

